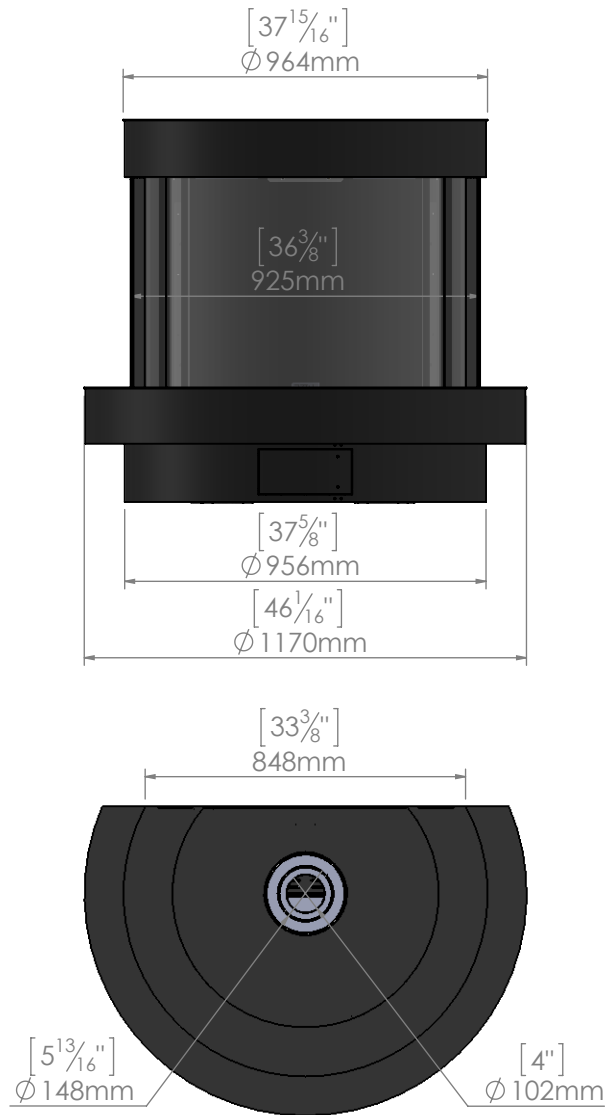


# Circle 70 270

Double Glass

Double Level Base  
Flat Top



## Please Note:

Order No.(fill in by Ortal): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Marketing Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

